



CONTRACT AWARD SHEET
Internal Services Department
Procurement Management Services

Bid No. 4879-1/19-1
Award Sheet

PROCUREMENT MANAGEMENT SERVICES DIVISION

BID NO.: **4879-1/19-1**

PREVIOUS BID NO.:

TITLE: **PRINTING MULTI PART SNAP-OUT FORMS**

CURRENT CONTRACT PERIOD: **08/01/2014** through **07/31/2019**

Total # of OTRs: **01**

MODIFICATION HISTORY

Bid No. 4879-1/19-1

Award Sheet

DPM Notes

APPLICABLE ORDINANCES

LIVING WAGE: **No**

UAP: **Yes**

IG: **Yes**

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

No Local Preference

No Micro Enterprise

No Full Federal Funding

No Performance Bond

No Small Business Enterprise (SBE)

No PTP Funds

No Partial Federal Funding

No Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **CROCKETT, SHERRY**

PHONE: 305 375-4693

FAX: 305 375-4407

EMAIL: CROCKET@MIAMIDADE.GOV

DEPARTMENT OF PROCUREMENT MANAGEMENT
PROCUREMENT MANAGEMENT SERVICES DIVISION

VENDOR NAME: **EASTERN BUSINESS FORMS INC**
 DBA:
 FEIN: **570447328** SUFFIX : **01** 29607
 STREET: **530 OLD SULPHUR SPRINGS RD** CITY: **GREENVILLE** ST: **SC** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **877-397-0465**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
KEITH KHILNANI	305-255-0347	877-397-0465	305-255-0348	KHILNANI@EBF-INC.COM

VENDOR NAME: **TIGER BUSINESS FORMS INC**
 DBA:
 FEIN: **650080751** SUFFIX : **01** 33014
 STREET: **7765 WEST 20TH AVENUE** CITY: **HIALEAH** ST: **FL** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY: **AS RQUIRED**
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: **Yes**

SBE	No	Set Aside	No	Bid Pref.	No
Micro Ent.	No	Selection Factor	No	Goal	No
Other:	Vendor Record Verified? No				

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
MIKE PINA	305-888-3528	-	305-887-1910	MIKE@TIGERFORMS.COM

Details:

ITEMS AWARDED Section:

Item # Description

Qty

Unit Price

End of ITEMS AWARDED Section

AWARD INFORMATION Section

BCC Award: **No**

DPM Award: **No**

BCC Date: **07/02/2009**

DPM Date: **06/02/2014**

Contract Amount: \$ **1,880,000.00**

Additional Items Allowed:

Agenda Item No.:

Special Conditions:

BPO INFORMATION Section:

1	ABCW1400867	
Commodity ID		Commodity Name
395-29		CONTINUOUS FORMS, CARBON INTERLEAVED
Department		Department Allocation
CL		\$113,000.00
CR		\$150,000.00
FN		\$90,000.00
ID		\$250,000.00
MT		\$142,000.00
PD		\$780,000.00
PR		\$50,000.00
SP		\$125,000.00
WS		\$180,000.00

End of BPO Information Section